FITNESS BENEFIT FORM

MAIL THIS FORM DIRECTLY TO:

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
CLAIMS DEPARTMENT
P.O. BOX 9131
NORTH QUINCY, MA 02171-9131

WHEN YOU CLAIM YOUR FITNESS BENEFITS FOR HEALTH CLUB MEMBERSHIP.

Remember, you can only submit for your Fitness Benefit:

- After your employer has added the benefit. (Check with your employer if necessary to verify the date when coverage was added.)
- After you have been a member of a fitness club and Blue Cross Blue Shield of Massachusetts for at least four months in a calendar year.
- Once per calendar year, filed by March 31 of the following year, with all pertinent receipts.

Have you . . .

- ❑. . .written your Blue Cross Blue Shield ID number in the space provided?
- ❑. . . listed a health club and/or exercise class in the Club/Class Information section?
- ❑. . . enclosed all necessary contracts and receipts, showing the information requested?
- ❑. . . signed and dated the completed form?

Questions?

For further information, call our Member Service Department at the number on your ID card.

FITNESS BENEFIT FORM

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

SUBSCRIBER INFORMATION (Person in whose name coverage is held.)

Identification Number	SUBSCRIBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL

Address - Number and Street	City	State	Zip Code

Employer's Name

MEMBER INFORMATION (Use a separate form for each member.)

Member's Last Name	First Name	Middle Initial	Date of Birth Mo. / Day / Year

Sex
1. ❑ Male
2. ❑ Female

Claimant is (Check one.)
1. ❑ Subscriber (Coverage holder)
2. ❑ Spouse (To coverage holder)
3. ❑ Child (Age 18 or younger)
4. ❑ Handicapped Dependent (Age 19 or older)
5. ❑ Student (Age 19 or older)
6. ❑ Stepchild
7. ❑ Other (Specify) _____

WHEN TO SUBMIT THIS FORM:

- ***After*** your employer has added the benefit. (Check with your employer if necessary to verify the date when coverage was added.)
- ***After*** you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for at least four months in a calendar year.
- ***Once per calendar year***, filed by March 31 of the following year, with all pertinent receipts and health club contract.

ATTACH ORIGINAL RECEIPTS

CLUB/CLASS INFORMATION REQUIRED *(Attach itemized receipts and a copy of your health club contract to section noted at left.)*

Name and Address of Health Club	Benefit Year*	Amount Charged	Office Use Only

*A 12-month period beginning January 1 and ending December 31.

TOTAL NUMBER OF RECEIPTS ATTACHED: _____ TOTAL CHARGES: $ _____

All Fitness Benefit payments will be sent to the Subscriber's address on file, unless you attach a separate note indicating a different name and address.

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield, Inc. about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's/Member's Signature: _____ Date: _____